

Application Form for an Associate Member

Name	Surname
<input type="text"/>	<input type="text"/>

Place and Date of Birth	DD/MM/YYYY	Gender
<input type="text"/>		F <input type="checkbox"/> M <input type="checkbox"/>

Profession / Work

Address

Phone	Email	Facebook	Website
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Languages spoken

Previous experience

Area / type of work I would be particularly interested in helping with

Skills I would be prepared to share with MEDyARTE Charity

***I hereby consent to becoming an Associate Member of MEDyARTE Charity.
I read and agree to comply with the attached rules guiding Associated Members.***

Place and Date.....

Signature.....

<p>Application approved</p> <p>Date:.....</p> <p>Signature.....</p>
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